

SCHOOL: _____	LANGUAGE: _____	DATE: _____
OEN NUMBER: _____	ACTIVITY FEE PAYMENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Cheque Number: _____
Legal Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Surname First Name Middle Name </small>		
Preferred Name: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> First Name YYYY MMM DD </small>		
Siblings in This School: _____		
Day School Attended: _____ Grade in Day School: _____		
Normal Health (✓) Heart _____ Sight _____ Hearing _____ Speech _____ Allergies _____ Other _____		
Life Threatening Allergy: _____ Additional information re-health: _____		
Mother Tongue: _____ Language(s) Spoken at Home: _____		
Home Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Number/Street Apt/Unit # City/Township Postal Code </small>		
Mailing Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Number/Street Apt/Unit # City/Township Postal Code </small>		
Post Office Box: _____ Home Phone Number: () _____ Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>		

Parent/Guardian Information

Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <small style="display: flex; justify-content: space-between; width: 100%;"> Title First Name Surname </small>	
Relationship to Student: _____	Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Home Phone Number: () _____	Business Phone Number: () _____ Ext: _____
Cell Phone Number: () _____	E-mail Address: _____
Guardian: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Custody: <input type="checkbox"/>	Access to Records: <input type="checkbox"/> Receives Mail: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/>
Address if Different from Student: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Number/Street Apt/Unit # City/Township Postal Code </small>	
Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <small style="display: flex; justify-content: space-between; width: 100%;"> Title First Name Surname </small>	
Relationship to Student: _____	Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Home Phone Number: () _____	Business Phone Number: () _____ Ext: _____
Cell Phone Number: () _____	E-mail Address: _____
Guardian: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Custody: <input type="checkbox"/>	Access to Records: <input type="checkbox"/> Receives Mail: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/>
Address if Different from Student: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Number/Street Apt/Unit # City/Township Postal Code </small>	

Voluntary, Confidential Self-Identification: First Nation Ancestry Inuit Ancestry Métis Ancestry Other Aboriginal Ancestry

Emergency Contact Information

Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship to Student: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Title First Name Surname </small>	
Home Phone: () _____	Cell Phone: () _____ Business Phone: () _____ Ext: _____
E-mail: _____	

I certify that all the information provided for registration is accurate. Misrepresentation may negate registration process.

- A. The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Halton Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations and guidelines issues by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records.*
- B. Under the authority of the municipal Freedom of Information and Protection of Privacy Act and the Immunization of School Pupils Act – the school will forward student and parent/guardian information sections of the registration form along with a photocopy of your child’s immunization record to the Halton Region Health Unit. The Health Unit will review the immunization information and retain a record for each student.

Parent/Guardian Signature: _____ Principal Signature: _____